

## Consolidated Plan Review Guidance

This guidance is provided as a template for the reviews of complete plans. The submission of sections dealing with Needs Assessments, Housing Market Analysis, and Strategic Plans are not required on an annual basis. Each field office should include additional questions or clarifications that address the complexity of their local situation.

Grantee: Enter Grantee Name Here

1. If a Consortia, list participating communities and asterisk the lead agency:  
\* Lead Agency Name  
Consortia Participant, Consortia Participant, Consortia Participant, Consortia Participant,  
Consortia Participant, Consortia Participant, Consortia Participant, Consortia Participant

2. Consolidated Plan covers the following programs:  
CDBG ☐ HOME ☐ ESG ☐ HOPWA ☐

3. Period covered by Consolidated Plan is: 3 ☐ 4 ☐ 5 ☐ years.

Also, specify the period with month beginning and year ending

4. Date plan due:

5. Date plan received:

6. Automatic approval date (45 days of date received above):

7. Are maps included (optional)? Yes ☐ No ☐

8. Has an Executive Summary been attached (required)? Yes ☐ No ☐

9. Did the grantee include the following tables:

Local Jurisdiction:

Table 1A: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Table 1B: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Table 1C: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Table 2A: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Table 2B: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Table 2C: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Table 3A: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Table 3B: Yes <input type="checkbox"/>	No <input type="checkbox"/>
Table 3C: Yes <input type="checkbox"/>	No <input type="checkbox"/>

10. Did the grantee use the CPMP Tool? Yes ☐ No ☐.

11. Did the grantee include one or more proposed outcomes in the Plan?

Yes ☐ No ☐ Verification found on page .

12. Does the plan include a Neighborhood Revitalization Strategy Area or Target Area where activities are carried out in a concentrated manner?

Yes ☐ No ☐ Verification found on page .

If yes, identify census tracts for each NRSA and forward to Headquarters.

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### **CONSULTATION PROCESS (91.100)**

1. Has the grantee consulted with continuum of care and other public/private entities that provide assisted housing, health services, and social services in developing this plan?

Yes ☐ No ☐ Verification found on page

Use the following checklist as a guide to determine extent of consultation process:

<b>Consultation</b>			
<b>24CFR</b>	<b>Requirement</b>	<b>Yes</b>	<b>No</b>
91.100(a)(1)	Housing Services	<input type="checkbox"/>	<input type="checkbox"/>
	Social Services	<input type="checkbox"/>	<input type="checkbox"/>
	Fair Housing Services	<input type="checkbox"/>	<input type="checkbox"/>
	Health Services	<input type="checkbox"/>	<input type="checkbox"/>
	Homeless Services	<input type="checkbox"/>	<input type="checkbox"/>
91.100(a)(2)* (a)(2)(iii)** (a)(2)(iv)	Continuum(s) of Care	<input type="checkbox"/>	<input type="checkbox"/>
	Agencies that Discharge Persons	<input type="checkbox"/>	<input type="checkbox"/>
	Business and Civic Leaders	<input type="checkbox"/>	<input type="checkbox"/>
91.100(a)(3)***	Lead-based Paint	<input type="checkbox"/>	<input type="checkbox"/>
91.100(a)(4)****	Adjacent Government	<input type="checkbox"/>	<input type="checkbox"/>
	State (Non-housing)	<input type="checkbox"/>	<input type="checkbox"/>
	County (Metro. City)	<input type="checkbox"/>	<input type="checkbox"/>
91.100(a)(5)	Metro. Planning Agencies	<input type="checkbox"/>	<input type="checkbox"/>
91.100(b)	HOPWA	<input type="checkbox"/>	<input type="checkbox"/>
91.100(c)	PHA Plan	<input type="checkbox"/>	<input type="checkbox"/>

- \* When addressing the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) and persons at risk of homelessness, to determine the homeless strategy and resources available to address needs of chronically homeless persons, the jurisdiction must consult with public and private agencies that address housing, health, social service, victim services, employment, or education needs of low-income individuals and families, homeless individuals and families, including homeless veterans, youth, and/or other persons with special needs, the jurisdiction must consult with the various agencies that provide services that address these needs.
- \*\* Publicly funded institutions and systems of care that may discharge persons into homelessness (such as health-care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions).
- \*\*\*Were State/Local health and child welfare agencies consulted regarding lead paint issues.
- \*\*\*\*Was copy of the plan submitted to the State, and County if applicable; if an urban county, to the entitlement cities in the county.

1. Did the grantee indicate that it consulted with other organizations that provide housing and supportive services to special needs populations (including elderly persons, persons with disabilities, persons with HIV/AIDS, homeless persons)?
- Yes ☐ No ☐ Verification found on page

2. Did the grantee consult with Continuum(s) of Care and various agencies that provide mainstream resources that can address the needs of homeless persons and persons at risk of homelessness during Consolidated Plan development?  
Yes ☐ No ☐ N/A ☐ Verification found on page
3. Did the grantee consult with publicly funded institutions and systems of care that may discharge persons into homelessness?  
Yes ☐ No ☐ N/A ☐ Verification found on page
4. Did the grantee consult with Public Housing Agencies during Consolidated Plan development?  
Yes ☐ No ☐ N/A ☐ Verification found on page
5. Did the grantee consult with metropolitan or regional planning agencies during Consolidated Plan development?  
Yes ☐ No ☐ N/A ☐ Verification found on page

#### **CITIZEN PARTICIPATION (91.105, AND 91.200)**

1. Is there a description of the development of the plan and efforts to broaden public participation, including the names of organizations involved in the development of the plan?  
Yes ☐ No ☐ Verification found on page  
**Note:** The Jurisdiction shall encourage the participation of local and regional institutions, the Continuum of Care, and other organization (including businesses, developers, non-profit organizations, philanthropic organizations, community, and faith-based organizations) in the process of developing and implementing the plan.
2. Is there a summary of the citizen participation process, and were the public hearing and comment period requirements satisfactory?  
Yes ☐ No ☐ Verification found on page
3. Are citizen comments included in the plan, and are the comments specifically and adequately addressed by the grantee?  
Yes ☐ No ☐ Verification found on page
4. Is there a description of the lead agency or entity responsible for overseeing the development of the Consolidated Plan?  
Yes ☐ No ☐ Verification found on page

#### **HOUSING AND HOMELESS NEEDS ASSESSMENT (91.205)**

##### ***HOUSING***

1. Has the grantee identified the estimated number and types of families with housing needs for a **5 year** period?  
Yes ☐ No ☐ Verification found on page  
**Note:** See Table 2A (required)  
Family types (extremely low-, low-, moderate, and middle income) that should be identified are:

- Renter/owner
  - Elderly
  - Single persons
  - Large families
  - Persons with disabilities
  - Victims of domestic violence
  - Persons with HIV/AIDS
  - Formerly homeless receiving rapid re-housing assistance nearing termination
2. Has the grantee identified the types of housing needs in the community for a 5 year period?  
 Yes ☐ No ☐ Verification found on page \_\_\_\_\_  
 Types of housing needs should be determined with an analysis of:
- Severe cost and cost burden
  - Overcrowding (especially for large families)
  - Substandard (renter/owner, extremely low-, low-, moderate, and middle income)
2. Has the grantee included a discussion of any racial or ethnic groups that have a disproportionately greater need in comparison to the needs of a particular income category?  
 Yes ☐ No ☐ Verification found on page \_\_\_\_\_

**Note:** Disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial/ethnic group is at least 10% points higher than the percentage of persons in the category as a whole. **See Section 91.205 (b)(2)**

### **HOMELESS**

1. Has the grantee satisfactorily identified the nature and extent of homelessness, and is there a continuum of care concept? **See Table 1A (required).**  
 Yes ☐ No ☐ Verification found on page \_\_\_\_\_
- Information should be on both homeless singles and families (and subpopulations) that are either sheltered/unsheltered or threatened with homelessness on a given night, the number who experience homelessness each year, the number of persons who lose their housing and become homeless each year, the number of persons who exit homelessness each year, and the number of days that persons experience homelessness.
2. Has the grantee identified inventory of facilities, housing and services that meet needs for homeless, particularly chronically homeless, families with children, veterans, unaccompanied youth, including both services targeted to homeless and mainstream services , such as health, mental health, and employment services to extent used to complement services target to homeless persons?  
 Yes ☐ No ☐ Verification found on page \_\_\_\_\_
3. Has the grantee identified the extent of homelessness by racial/ethnic group, if the information is available?  
 Yes ☐ No ☐ Verification found on page \_\_\_\_\_

4. Did the grantee describe the jurisdiction's strategy for developing a system for reducing and ending homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section)? The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process, i.e. outreach/assessment, emergency shelter and transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living.  
Yes ☐ No ☐
5. Did the grantee describe its strategy for helping low-income individuals and families a, especially extremely low- and low-income individuals and families who are likely to become homeless after being discharged from publicly funded institutions and systems of care into homelessness or receiving assistance that address housing, health, social service, employment, education, or youth needs?  
Yes ☐ No ☐

#### ***SPECIAL NEEDS - NOT HOMELESS***

1. Has the grantee included a discussion on the estimated number of non-homeless persons in need of supportive housing, and their supportive housing needs? **See\_ Table 1B (optional).**  
Yes ☐ No ☐ Verification found on page  
**Note:** Estimated number of non-homeless persons should include the elderly, frail elderly, persons with disabilities, persons with alcohol or other drug addiction, persons with HIV/AIDs and their families, and public housing residents.

#### ***LEAD-BASED PAINT HAZARDS***

1. Has the grantee estimated the number of housing units with lead-based paint hazards?  
Yes ☐ No ☐ Verification found on page  
**Note:** The estimated number of units should be those that are occupied by low/moderate income families.

#### **HOUSING AND MARKET ANALYSIS (91.210)**

##### ***GENERAL CHARACTERISTICS***

1. Has the grantee described the significant characteristics of the housing market, and the housing stock available to persons with disabilities, and persons with HIV/AIDs? **(Review any maps if provided/See Table 1A and 1B)**  
Yes ☐ No ☐ Verification found on page  
**Note:** There should be a discussion of housing supply and demand, as well as the condition and cost of the housing. Data on the housing market should include, to extent information is available, an estimate of the number of abandoned buildings and whether they are suitable for rehabilitation. The grantee should also identify and describe the locations and degree of racial/ethnic minority concentrations, as well as low/moderate income families.
2. Did the grantee identify and describe any area of low-income concentration and any area of minority concentration either in a narrative or one or more maps, stating how it defines the

terms "area of low-income concentration" and "area of minority concentration"?  
Yes ☐ No ☐

#### ***PUBLIC AND ASSISTED HOUSING***

1. Has the grantee described the number and condition of the public housing units, results from the Section 504 needs assessments, and the strategies for improving operation and living conditions for public housing residents?  
Yes ☐ No ☐ N/A ☐ Verification found on page
2. Has the grantee identified the number of public housing units expected to be lost from the inventory?  
Yes ☐ No ☐ N/A ☐ Verification found on page  
Check if this jurisdiction has any HOPE VI projects awarded or in development that may result in a net loss of units.
3. With regard to federal, state and locally-assisted units other than public housing, has the grantee identified the number and targeting of units by income level and household type, and the number of units expected to be lost from the assisted housing inventory for any reason, i.e. expiration of Section 8 contracts?  
Yes ☐ No ☐ Verification found on page

#### ***HOMELESS FACILITIES AND SERVICES***

1. Have the facilities and services that compose the grantee's continuum of care been identified?  
Yes ☐ No ☐ Verification found on page  
Appropriate facilities would be:
  - Emergency shelters,
  - Transitional shelters, and
  - Permanent/supportive housing (including persons that are chronically homeless).
2. Does the inventory include, to the extent information is available, an estimate of percentage or number of beds and supportive services programs serving people that are chronically homeless?  
Yes ☐ No ☐ Verification found on page

#### ***SPECIAL NEEDS FACILITIES AND SERVICES***

1. Has the grantee described the facilities/services to assist non-homeless persons in need of supportive housing? **See Table 1B**  
Yes ☐ No ☐ Verification found on page
  - Discussion should also include a description of appropriate supportive housing for persons leaving mental/physical health facilities.

#### ***BARRIERS TO AFFORDABLE HOUSING***

1. Has the grantee described public policies that affect affordable housing?  
Yes ☐ No ☐ Verification found on page

Factors which affect affordable housing may include:

- Building and zoning codes;
- Environmental problems;
- Impact fees;
- Cost of land; and
- Incentive programs such as tax abatement or down-payment assistance.

**Note:** For Urban Counties, does the discussion include factors in both incorporated and unincorporated areas?

### **STRATEGIC PLAN (91.215)**

When reviewing this section of the Consolidated Plan, keep in mind that the priorities/objectives should relate to the needs identified in the Housing and Homeless Needs and Housing and Market Analysis sections.

#### **GENERAL**

1. Does the grantee describe the basis for assigning the priority given to each category in Table 2A?  
Yes ☐ No ☐
2. Has the grantee identified any obstacles to meeting underserved needs?  
Yes ☐ No ☐ Verification found on page
3. Has the grantee summarized the priorities and specific objectives, describing how funds that are reasonably expected to be made available will be used to address identified needs? **See Tables 1A, 1B, 1C, 2A, 2B, and 2C**  
Yes ☐ No ☐
4. For each specific objective, has the grantee identified proposed accomplishments and outcomes the jurisdiction hopes to achieve in quantitative terms over a specific time period, or in other measurable terms as identified and defined by the jurisdiction? **See Tables 1A, 1B, 1C, 2A, 2B and 2C**  
Yes ☐ No ☐

#### **AFFORDABLE HOUSING**

1. Did the grantee state how the analysis of the housing market and the severity of housing problems and needs of extremely low-income, low-income, and moderate-income renters and owners identified in accordance with 91.205 provided the basis for assigning the relative priority given to each priority needs category in the priority housing needs table prescribed by HUD?  
Yes ☐ No ☐ Verification found on page
2. Does the affordable housing section identify how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units?  
Yes ☐ No ☐ Verification found on page

**Note:** If the jurisdiction intends to use HOME funds for tenant-based rental assistance or plans to use HOME funds to assist persons with special needs, the plan must specify local market conditions that led to the choice of that option.

3. Does the grantee described proposed accomplishments to specify the number of extremely low, low, moderate, and middle income families, and homeless persons to

whom the grantee will provide affordable housing as defined in 24 CFR 92.252 for rental housing and 24 CFR 92.254 for homeownership over a specific time period?  
Yes ☐ No ☐ Verification found on page

### **HOMELESSNESS**

1. Does the grantee describe the jurisdiction's strategy for reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs?  
Yes ☐ No ☐ Verification found on page
2. Does the grantee describe the jurisdiction's strategy for addressing the emergency shelter and transitional housing needs of homeless persons?  
Yes ☐ No ☐ Verification found on page
3. Does the grantee describe the jurisdiction's strategy for helping homeless persons (especially persons that are chronically homeless, families with children, veterans, and unaccompanied youth) make the transition to permanent housing and independent living?  
Yes ☐ No ☐ Verification found on page
4. Does the grantee describe the strategy for helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are likely to be discharged from publicly funded institutions or those receiving assistance from public or private agencies?  
Yes ☐ No ☐ Verification found on page

### **OTHER SPECIAL NEEDS**

1. With respect to supportive needs of the non-homeless, does the plan describe the priority housing and supportive service needs of persons who are not homeless but may or may not require supportive housing?  
Yes ☐ No ☐ Verification found on page

### **NON-HOUSING COMMUNITY DEVELOPMENT PLAN**

1. Did the grantee describe the priority non-housing community development needs, reflecting the needs for the type of activity? **Table 2B (required)**  
Yes ☐ No ☐  
**Note:** The Community Development component of the plan must state the grantee's specific long-term and short-term community development objectives (including economic development activities that create jobs) that must be developed in accordance with the statutory goals described in 24 CFR 91.1 and the primary objectives of the CDBG program.
2. Is the grantee requesting approval of a Neighborhood Revitalization Strategy Area?  
Yes ☐ No ☐  
If YES, does it meet the requirements of CPD Notice 96-1 and include outcomes?  
Yes ☐ No ☐  
**Note:** Separate documentation should be maintained to verify compliance with CPD Notice 96-1.



***BARRIERS TO AFFORDABLE HOUSING***

1. Does the grantee describe the jurisdiction's strategy to remove or ameliorate negative effects of public policies, that serve as barriers to affordable housing as identified in the needs assessment section?  
Yes ☐ No ☐ Verification found on page

***LEAD-BASED PAINT HAZARDS***

1. Does the plan outline the actions proposed or being taken to evaluate and reduce lead-based paint hazards, describe how the plan for reduction of lead-based paint hazards is related to the extent of lead poisoning and hazards, and how the plan for reduction will be integrated into housing policies and programs?  
Yes ☐ No ☐ Verification found on page

***ANTI-POVERTY STRATEGY***

1. Does the grantee describe the jurisdiction's goals, programs, and policies for reducing the number of poverty level families?  
Yes ☐ No ☐ Verification found on page  
Has the grantee programs such as:
  - Family Self-sufficiency
  - Head Start
  - State and Local Programs
  - Section 3
  - Welfare to Work
  - Workforce Development Initiative

***INSTITUTIONAL STRUCTURE***

1. Does the grantee explain the institutional structure, including private industry, nonprofit organizations, community and faith-based organizations, philanthropic organizations, the Continuum of Care, and public institutions, through which the jurisdiction will carry out its housing, homeless, and community development plan, assessing the strengths and gaps in the delivery system?  
Yes ☐ No ☐ Verification found on page

***COORDINATION***

1. Does the plan identify the jurisdiction's activities to enhance coordination among the Continuum of Care, public and assisted housing providers and private and governmental health, mental health, and service agencies?  
Yes ☐ No ☐ Verification found on page

**NOTE:** This summary must address the jurisdiction's efforts to coordinate housing assistance and services for homeless persons (especially chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons who were recently homeless but now live in permanent housing.

2. With respect to the public entities involved, does the plan describe the means of

cooperation among the state and local units of government in the metropolitan area for problems that go beyond a single jurisdiction, (i.e. transportation, workforce, economic development) in the implementation of the plan?

Yes ☐ No ☐ Verification found on page

3. With respect to economic development, does the plan describe efforts to enhance coordination with private industry, businesses, developers, and social service agencies.

Yes ☐ No ☐ Verification found on page

### ***PUBLIC HOUSING***

1. Does the grantee describe the jurisdiction's activities to encourage public housing residents to become more involved in management and participate in homeownership?

Yes ☐ No ☐ Verification found on page

2. Has the grantee describe the manner in which the plan of the jurisdiction will help address the needs of public housing?

Yes ☐ No ☐ Verification found on page

3. Is the grantee served by a troubled PHA as designated by HUD?

Yes ☐ No ☐

If YES, Has the grantee in which any troubled public housing agency is located, described the manner in which the State or unit of local government will provide financial or other assistance to such troubled agency in improving its operations to remove such designation?

Yes ☐ No ☐ Verification found on page

### **ACTION PLAN (91.220)**

1. Has the Standard 424 Form for the applicable programs been included with the correct dollar allocations and signed by the appropriate official?

Yes ☐ No ☐

2. Is the DUNS number listed?

Yes ☐ No ☐

3. Did the grantee describe the geographic areas of the jurisdiction (including areas of low income and/or racial/minority concentration) in which assistance will be directed during the next year.

Yes ☐ No ☐

4. Did the grantee describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) (91.215(a)(1)) during the next year and the rationale for assigning the priorities.

Yes ☐ No ☐

### ***RESOURCES***

1. Has the grantee described the Federal Resources, and private and non-Federal public resources expected to be available to address priority needs and specific objectives identified in the plan?

Yes ☐ No ☐ Verification found on page

2. Did the grantee describe how HOME and/or ESG matching requirements will be satisfied?

Yes ☐ No ☐ N/A ☐ Verification found on page

**ACTIVITIES 91.220(d)**

1.

- a) Has the grantee described the CDBG funded activities for the program year in a complete manner, including target date for completion? **See Table 3C**

Yes ☐ No ☐

- b) Has the grantee described the HOME funded activities for the program year in a complete manner, including target date for completion? **See Table 3C**

Yes ☐ No ☐

- c) Has the grantee described the ESG funded activities for the program year in a complete manner, including target date for completion? **See Table 3C**

Yes ☐ No ☐

- d) Has the grantee described the HOPWA funded activities for the program year in a complete manner, including target date for completion? **See Table 3C**

Yes ☐ No ☐

2. Does the action plan contain a summary of priorities and specific annual objectives that will be addressed during the program year?

Yes ☐ No ☐ Verification found on page

**Note:** The Jurisdiction should use summary of annual objectives as identified in Table 3A of the Consolidated Plan.

3. Do the proposed activities correspond to the priority needs identified/local specific objectives listed in the Consolidated Plan?

Yes ☐ No ☐ Verification found on page

**Note:** The Jurisdiction should use priority needs as identified in Table 2A and 2B of the Consolidated Plan.

4. Are the proposed activities identified in sufficient detail, including the number and type of families that will benefit from the proposed activities and locations, so that citizens know the degree to which they may be affected?

Yes ☐ No ☐ Verification found on page

**Outcomes 91.220(e)**

1. Does the action plan contain outcome measures for activities in accordance with the Federal Register Notice dated March 7, 2006?

Yes ☐ No ☐ Verification found on page

**Expenditure Limits**

1. Has the grantee exceeded the 20% administrative cap for CDBG?

Yes ☐ No ☐

2. Has the grantee exceeded the 15% public service cap for CDBG?

Yes ☐ No ☐

3. Has the grantee exceeded the 10% administrative cap for HOME?  
Yes ☐ No ☐
  4. Has the grantee met the 15% CHDO set-aside for HOME?  
Yes ☐ No ☐
  5. Has the grantee exceeded the 3% administrative cap for HOPWA or the 7% administrative cap by project sponsors under HOPWA?  
Yes ☐ No ☐
  6. Does the amount of ESG funds for street outreach and emergency shelter activities exceed the greater of 60% of the jurisdiction's fiscal year ESG grant or the amount of FY 2010 ESG funds committed for homeless assistance activities?  
Yes ☐ No ☐
- NOTE: For additional information on ESG program funds see 77FR4337.

**GEOGRAPHIC DISTRIBUTION 91.220(f)**

1. Did the grantee include a narrative, maps, or tables that identify the geographic areas in which it will direct assistance?  
Yes ☐ No ☐ Verification found on page
2. Does the grantee provide a description of the areas, including areas of minority concentration, in which it will direct funds?  
Yes ☐ No ☐ Verification found on page
3. Does the grantee provide the rationale for the priorities for allocating investment geographically for each program, including within the metropolitan area (or a State's service area) for the HOPWA program?  
Yes ☐ No ☐ Verification found on page  
If no, explain the basis for the no response:
4. Did the grantee estimate the percentage of funds it plans to dedicate to target areas?  
Yes ☐ No ☐ Verification found on page

**AFFORDABLE HOUSING GOALS 91.220(g)**

1. Does the action plan specify one-year goals for the number of homeless, non-homeless, and special needs households to be provided affordable housing units using funds made available to the jurisdiction?  
Yes ☐ No ☐ Verification found on page  
**Note:** The Jurisdiction should use housing summary of goals as identified in Table 3B of the Consolidated Plan.
2. Does the action plan specify one-year goals for the number of households to be provided affordable housing units through activities that provide rental assistance, production of new units, rehabilitation of existing units, or acquisition of exiting units using funds made available to the jurisdiction?  
Yes ☐ No ☐ Verification found on page  
**Note:** The Jurisdiction should use housing summary of goals as identified in Table 3B of the Consolidated Plan.

**PUBLIC HOUSING 91.220(h)**

1. Does the action plan include actions that address the following, **if applicable**:

- needs of public housing, Yes ☐ No ☐
- public housing improvements and resident initiatives, Yes ☐ No ☐
- assist troubled public housing agencies. Yes ☐ No ☐

**HOMELESS AND OTHER SPECIAL NEEDS ACTIVITIES 91.220(i)**

1. Have one-year goals for reducing and ending homelessness been proposed?  
Yes ☐ No ☐ Verification found on page

2. Have one year goals and specific action steps for reducing and ending homelessness been proposed to (i) reach out to homeless persons (especially unsheltered persons) and assessing their individual needs; (ii) address emergency shelter and transitional housing needs; (iii) help homeless persons (especially persons that are chronically homeless, families with children, veterans, and unaccompanied youth) make the transition to permanent housing and independent living?  
Yes ☐ No ☐ Verification found on page

3. Have one-year goals and action steps for reducing and ending homeless been proposed to help low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are likely to be discharged from publicly funded institutions and systems of care or those receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs?  
Yes ☐ No ☐ Verification found on page

4. Has the jurisdiction specified activities it plans to undertake to address the housing and supportive service needs of persons who are not homeless (elderly, frail elderly, persons with disabilities, person with HIV/AIDS, persons with alcohol or other substance abuse problems)?  
Yes ☐ No ☐ Verification found on page

**OTHER ACTIONS 91.220(k)**

1. Does the Action Plan include other proposed actions which will address the following, **if applicable**:

- foster and maintain affordable housing, Yes ☐ No ☐
- public housing improvements and resident initiatives, Yes ☐ No ☐
- evaluation and reduction of lead-based hazards, Yes ☐ No ☐
- reducing the number of persons below the poverty line, Yes ☐ No ☐
- developing institutional structures/enhancing coordination between housing and services agencies, Yes ☐ No ☐.

**PROGRAM SPECIFIC REQUIREMENTS 91.220(l)**

1. CDBG

- a) Does the total amount of funds allocated equal the amount of the grant plus program income and carryover funds? Yes ☐ No ☐
- b) Does the action plan identify the amount of CDBG funds that will be used for activities that benefit persons of low- and moderate-income? Yes ☐ No ☐
- c) Does the action plan identify all activities assisted through the Section 108 Loan Guarantee program? Yes ☐ No ☐

## 2. HOME

- a) Did grantee (PJ) describe other forms of investment? **See Section 92.205**  
Yes ☐ No ☐ N/A ☐  
If grantee (PJ) plans to use HOME funds for homebuyers, did they state the guidelines of resale or recapture, as required in 92.254?  
Yes ☐ No ☐ N/A ☐
- b) If grantee (PJ) plans to use HOME funds to refinance existing debt secured by multifamily housing that is being rehabilitated with HOME funds, did they state its refinancing guidelines required under 24 CFR 92.206(b)?  
Yes ☐ No ☐ N/A ☐
- c) Resale Provisions -- For homeownership activities, did the participating jurisdiction must describe its resale or recapture guidelines that ensure the affordability of units acquired with HOME funds? See 24 CFR 92.254(a)(4).  
Yes ☐ No ☐
- d) HOME Tenant-Based Rental Assistance -- Did the participating jurisdiction must describe the local market conditions that led to the use of a HOME funds for tenant based rental assistance program?  
Yes ☐ No ☐
  - a. If the tenant based rental assistance program is targeted to or provides a preference for a special needs group, that group must be identified in the Consolidated Plan as having an unmet need and show the preference is needed to narrow the gap in benefits and services received by this population.
- e) If a participating jurisdiction intends to use forms of investment other than those described in 24 CFR 92.205(b), did the jurisdiction describe these forms of investment?  
Yes ☐ No ☐
- f) Did the jurisdiction describe the policy and procedures it will follow to affirmatively market housing containing five or more HOME-assisted units?  
Yes ☐ No ☐
- g) Did the jurisdiction describe actions taken to establish and oversee a minority outreach program within its jurisdiction to ensure inclusion, to the maximum extent possible, of minority and women, and entities owned by minorities and women, including without limitation, real estate firms, construction firms, appraisal firms, management firms, financial institutions, investment banking firms, underwriters, accountants, and providers of legal services, in all contracts, entered into by the participating jurisdiction with such persons or entities, public and private, in order to facilitate the activities of the participating jurisdiction to provide affordable housing under the HOME program or any other Federal housing law applicable to such jurisdiction?  
Yes ☐ No ☐
- h) If a jurisdiction intends to use HOME funds to refinance existing debt secured by multifamily housing that is rehabilitated with HOME funds, did it state its financing

guidelines required under 24 CFR 92.206(b)?

Yes ☐ No ☐

1. American Dream Downpayment Initiative

a. If the jurisdiction planned to use American Dream Downpayment Initiative (ADDI) funds to increase access to homeownership, did it provide the following information:

i. description of the planned use of the ADDI funds?

Yes ☐ No ☐

ii. plan for conducting targeted outreach to residents and tenants of public and manufactured housing and to other families assisted by public housing agencies, for the purposes of ensuring that the ADDI funds are used to provide downpayment assistance for such residents, tenants, and families? Yes ☐ No ☐

iii. a description of the actions to be taken to ensure the suitability of families receiving ADDI funds to undertake and maintain homeownership, such as provision of housing counseling to homebuyers?

Yes ☐ No ☐

3. HOPWA

a) Does the action plan specify on-year goals for the number of low-income households to be provided affordable housing using HOPWA funds for short-term rent, mortgage, and utility payments to prevent homelessness; tenant-based rental assistance, units provided in housing facilities operated with HOPWA funds? Yes ☐ No ☐ Verification found on page

b) Does the action plan identify the method for selecting project sponsors (including providing full access to grassroots faith-based and other community organizations)?

Yes ☐ No ☐ Verification found on page

4. ESG

a) Does the action plan include written standards for providing ESG assistance? Yes ☐ No ☐ Verification found on page

b) Does the action plan identify the process for making awards and how the jurisdiction intends to make its allocation available to nonprofit organizations, and in the case of urban counties, funding to participating units of local government?

Yes ☐ No ☐ Verification found on page

c) Does the action plan describe the performance standards for evaluating ESG activities?

Yes ☐ No ☐ Verification found on page

d) Does the action plan describe consultation with each Continuum of Care that serves the jurisdiction in determining how to allocate ESG funds, develop performance standards, evaluate outcomes of activities assisted by ESG funds, and develop funding, policies, and procedures for the administration and operation of the HMIS?

Yes ☐ No ☐ Verification found on page

**MONITORING (91.230)**

1. Does the grantee describe the standards and procedures that it will use to monitor activities carried out in furtherance of the plan?  
Yes ☐ No ☐ Verification found on page
2. Does the Plan describe actions to be taken by the grantee to monitor its performance in meeting its goals and objectives set forth in it's Consolidated Plan?  
Yes ☐ No ☐ Verification found on page
3. Does the Plan describe steps/actions being taken to insure compliance with program requirements, including requirements involving the timeliness of expenditures, minority business outreach and comprehensive planning requirements?  
Yes ☐ No ☐ Verification found on page

**Note:** If timeliness of expenditures is an issue, please make sure the grant award letter includes language regarding appropriate actions the grantee should take to remedy this problem.

4. Does the Plan describe steps/actions it will use to ensure long-term compliance with housing codes, including any actions or on-site inspections it plans to undertake during the program year?  
Yes ☐ No ☐ Verification found on page

**Note:** For example, a HOME program grantee should identify steps it will take to review affordable housing projects it has funded to insure compliance with all HOME program requirements.

5. Does the Plan describe actions to be taken by the grantee to monitor its subrecipients, (including sponsors or administering agents)?  
Yes ☐ No ☐ Verification found on page

**HUD APPROVAL ACTION**

The regulations at Section 91.500(b) state that HUD will approve or disapprove a plan or a portion of a plan for the three following reasons:

- 1) if it is inconsistent with the purposes of NAHA;
- 2) if it is substantially incomplete; and/or
- 3) if certifications are not satisfactory to the Secretary
- 4) if does not include description of manner in which unit of local government or state will provide financial or other assistance to troubled public housing agencies.

Please use the following to determine approval or disapproval:

**CONSISTENCY WITH NAHA**

1. Is the Plan inconsistent with the purposes of NAHA?



Yes ☐ No ☐

If the Plan is inconsistent with NAHA, set forth the basis of that determination by using the following as a guide:

- Does the Plan provide assistance to help families, not owning a home, to save for a down-payment for the purchase of a home.
- Does the Plan provide assistance to retain, where feasible, as housing affordable to low income families, those dwelling units provided for such purpose with federal assistance.
- Does the Plan provide assistance to extend and strengthen partnerships among all levels of government and the private sector, including for-profit and non-profit organizations, in the production and operation of housing affordable to low- and moderate-income families.
- Does the Plan provide assistance to expand and improve federal rental assistance for very low-income families.
- Does the Plan provide assistance to increase the supply of supportive housing, which combines structural features and services needed to enable persons with special needs to live with dignity and independence.

#### ***SUBSTANTIALLY INCOMPLETE***

1. Is the Plan (including any corrective actions taken at HUD's request during HUD's review of the plan) substantially incomplete?

Yes ☐ No ☐

If the Plan is substantially incomplete, set forth the basis of that determination by using the following as a guide:

- The Plan was developed without the required citizen participation or the required consultation.
- The Plan fails to satisfy all the required elements in the regulations.

#### ***AFFIRMATIVELY FURTHERING FAIR HOUSING***

1. Is the Certification to Affirmatively Further Fair Housing satisfactory to the Secretary?

Yes ☐ No ☐

If the Certification is not satisfactory, set forth the basis of that determination by using the following as a guide:

- Disregard of regulatory requirements to conduct an analysis of impediments to fair housing choice, take appropriate actions to address identified impediments, and maintain adequate records on the steps taken to affirmatively further fair housing in the jurisdiction.
- Lack of action taken on outstanding findings regarding performance under affirmatively furthering fair housing certification requirements of the Consolidated Plan or the Community Development Block Grant Program.

**CERTIFICATIONS (91.225)**

1. Are the general and specific certifications for each program funded complete and accurate, where applicable:

**Note:** Consortia, please refer to 91.425  
State, please refer to 91.325

**General:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (1) Affirmatively furthering fair housing: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (2) Anti-displacement and relocation Plan: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (3) Drug-free workplace:                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (4) Anti-lobbying                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (5) Authority of Jurisdiction              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (6) Consistency with Plan                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (7) Acquisition and relocation             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (8) Section 3                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**CDBG:\*\***

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (1) Citizen Participation                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (2) Community Development Plan                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (3) Following Plan                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (4) Use of funds                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (5) Excessive Force                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (6) Compliance with anti-discrimination law     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (7) Compliance with lead-based paint procedures | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (8) Compliance with laws                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**ESG:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (1) Rehab Not less than 10-years        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (2) Conversion not less than 10 years   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (3) Not less than 3-years               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (4) Service Provision                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (5) Safe and Sanitary                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (6) Supportive Services                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (7) Match Requirements                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (8) Confidentiality                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (9) Employing or involving the homeless | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (10) Consolidated Plan compliance       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (11) Discharge policy                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**HOME**

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| (1) TBRA is consistent w/Plan    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (2) Use for eligible activities  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (3) Monitor for subsidy layering | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**HOPWA:**

- |                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| (1) Meet urgent needs       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (2) 10- or 3-year operation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

*\*\*The certification period for the CDBG program's overall benefit requirements must be consistent with the period certified in the prior certification.*

Based on my review of the Plan against the regulations, I have determined the Plan is:

**Approved** ☐

**Disapproved** ☐

Date plan disapproved (in part or in its entirety):

**Note:** Written notification of disapproval must be communicated to the applicant in accordance with 24 CFR 91.500(c). **If disapproved**, provide documentation including dates and times on incompleteness determination, and discussions with grantee and Headquarters:

**Reviewed by**

**DATE:**

**Program Manager**

**DATE:**

**CPD Director**

**DATE:**